Treatment centre:		
<i>Civic registration number</i>		
Last name:     First name:       (Please, use block letters)     (Please, use block letters)		
<i>Date of registration</i>		
No show Yes		
No further follow ups  Yes		
<i>Age of registration</i> 5 years 10 years 16 years 19 years		
<i>Residual cleft alveolus</i> No Unoperated		
Fistula   No   Yes   Unknown		
Other problems		
Diagnosed language and/or motor speech disorder		
Diagnosed intellectual disability		
Diagnosed neuropsychiatric disorder  No Yes Unknown		
Diagnosed hearing impairment  No Yes Unknown		
SLP services		
<i>Routines and reviews</i> $\square$ No $\square$ Yes		
<i>Treatment</i> No Yes		
Number of visits (since last registration)		
Recording		
Audio No Yes		
Video No Yes		

Instrumental evaluation (since last registration)		
Videoradiography	Nasoendoscopy	
Not evaluated	Not evaluated	
Not judgeable	Not judgeable	
Evaluated, give	Evaluated, give	
number $(1-10)$	number (1-10)	
Evaluation data		
Velopharyngeal competen		
Not evaluated	Not judgeable   Marginally incompetent/insufficient	
Incompetent/insufficien		
<b>Perceptual evaluation of consonants</b> (choose one alternative)		
Not evaluated Not judgeable		
Evaluated, please continue:		
РСС		
Number completed   Image: Number correct		
Speech errors behind velopharynx		
Number completed   Number of errors		
Parent-reported intelligibility		
Not evaluated Not judgeable		
Evaluated, give value (b	between 1 and 5 with one decimal)	
Examiner SLP		
Last name:	First name:	
(Please, use bloc	ck letters) (Please, use block letters)	